10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS



MICHAEL W. DOBBINS IN FORMA PAUPERIS AFFERGATION TRICT COURT AND

Par	<u>nele</u> Plaint	Doosey	.	INANCIAL	AFFIDAVIT	Γ
	v.			9	bcv1771	
Γ_{Λ}	. D_	(CAS	E NUMBER		18
DKS	Defe	endant(s)	JUD	ge <u>Joan</u>	Hundresy	(Efkar)
more provide I, \(\sum_{\text{other}} \) (other without declar the co	information the added the added the added to	on than the space that is proditional information. Pleading Set 1 in the above repayment of fees, or am unable to pay the co	, declare that ye-entitled case. This affiling in support of my motion ests of these proceedings. In support of this petiperiury:	t I am the Expension day it constitute for appointment, and that I am tion/application	laintiff Detition es my application nt of counsel, or I entitled to the re	on number and aer movant to proceed both. I also lief sought in I answer the
1.	I.D. #	•	Name of prison or j. from the institution?	ail:		
2.	Mont	ou currently employed? hly salary or wages: and address of employe	.	™o		
	a .	If the answer is "No" Date of last employm Monthly salary or wa Name and address of	ient: <u>Co 1099</u>	on Reserv	e Bowls	
	b.	Are you married? Spouse's monthly sal Name and address of	ଅYes lary or wages: <u>\$ ଧଠରେ</u> employer: <u>କିଲୋକେଲ</u> ା	□No Rescribe (- 	
3.	or an	yone else living at the :	d above in response to Quame residence received "Yes" or "No", and then	more than \$2	00 from any of t	he following
	a. Amoi	Salary or wages	Received by Kal	leh Mosey	ĽEYes	□No

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	⊠No
	c. □ Rent payments, □ interest or □ dividends Amount Received by	□Yes	⊠N₀
	d. □ Pensions, ☑ social security, □ annuities, □ life insurance compensation, □ unemployment, □ welfare, □ alimony or mai	ntenance or □	. □ workers child suppor □No
	e. □ Gifts or □ inheritances Amount Received by	U □Yes	<u>r</u> v√o
	f. □Any other sources (state source:) Amount Received by	□Yes	⊠No
4.	Do you or anyone else living at the same residence have more than savings accounts? DYes Relationship to you:	mount:	
5.	Do you or anyone else living at the same residence own any stocks financial instruments? Property: In whose name held: Relationship to you:	□Yes	ZH40
6.	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)?	estate (bouses Yes	, apartments □No
7.	Do you or anyone else living at the same residence own any automore homes or other items of personal property with a current market value. Property:	biles, boats, tra	ilers, mobil
	Current value: Relationship to you:		
8.	List the persons who are dependent on you for support, state your relational indicate how much you contribute monthly to their support. If none, contribute monthly to their support.	tionship to eas	

	above information is true and correct. I under the court shall dismiss this case at any time if the court signature of Application (Print Name)	determines that my
institutional officer or officers showing a in the prisoner's prison or jail trust fund ac covering a full six months before you have in your own accountprepared by each in period—and you must also have the Certifi	ner must also attach a statement certified il receipts, expenditures and balances during counts. Because the law requires information filed your lawsuit, you must attach a sheet constitution where you have been in custody discate below completed by an authorized office certain complete complete certain custody discate below completed by an authorized office certain custody discate below completed by an authorized office certain custody.	the last six months as to such accounts overing transactions uring that six-month
•	ed by the institution of incarceration)	
	, I.D.#	
	redit at (name of institution)	
	following securities to his/her credit:	
	e applicant's average monthly deposit was \$),
(Add all deposits from all sources and the	m <u>aivide</u> by number of months).	
DATE	SIGNATURE OF AUTHORIZED	OFFICER
	(Print name)	

rev. 10/10/2007